



Notice of Independent Review Decision - WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 08/30/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 80 hours 97799, Left Wrist

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Chronic Pain Management Program 80 hours 97799, Left Wrist – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Functional Capacity Evaluation (FCE), 06/13/12
- Initial Behavioral Medicine Consultation, 06/28/12
- Chronic Pain Program Interdisciplinary Plan & Goals of Treatment, 06/28/12

- History & Physical, 07/05/12
- Psychological Assessment Report, 07/09/12
- Assessment/Evaluation for Chronic Pain Management Program, 07/11/12
- Pre-Authorization Request, 07/12/12, 08/01/12
- Denial Letters, 07/17/12, 08/10/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx/xx/xx. The records available for review indicate that on the date of injury, the patient sustained a fall in the workplace, and then developed difficulty with symptoms of pain in the left wrist. An official operative report is not available for review. However, it is documented that after the date of injury was performed to the left wrist in the form of open reduction internal fixation procedure.

A Functional Capacity Evaluation was accomplished on 08/13/12. This study revealed that the patient was capable of light category work activities. It was documented that the patient's pre-injury work activity level was that of a very heavy nature. It was documented that the study was valid on 72% of the tested measurements. Pain symptoms were described as two to six on a scale of one to ten.

A Behavioral Medicine consultation was accomplished on 06/28/12. On this date it was noted that surgery had been accomplished to the left wrist on 08/19/11. Pain symptoms were described as a four to nine on a scale of one to ten. It was documented that a physician had placed the patient at a level of Maximum Medical Improvement with a 6% whole person impairment rating on 04/20/12.

The patient was evaluated by on 07/05/12. On this date it was noted that there was a decrease in range of motion in the left wrist with respect to flexion and extension.

A psychological assessment was conducted on 07/09/12. On this date it was documented that the patient utilized hydrocodone at a dose of one tablet up to four times per day as needed for pain symptoms.

On 07/12/12 a request was submitted from. At this time it was recommended that a chronic pain management program be provided to the patient.

A letter of reconsideration was submitted from dated 08/01/12. At that time it was documented that there were plans to titrate narcotic medication on the patient if the patient were to participate in a comprehensive pain management program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There are instances whereby Official Disability Guidelines will support consideration of a comprehensive pain management program in an effort to enhance functional capabilities and decrease pain symptoms. However, in this specific case, medical necessity for such an extensive program would not be established. As documented above, a Functional Capacity Evaluation was accomplished on 06/13/12. This study would not appear to be a fully valid study as the study was validated only as 72% of the documented measured validity criteria. The fact that the Functional Capacity Evaluation was not a fully valid study would raise concern with respect to the potential for a positive outcome from a comprehensive pain management program. Additionally, it would not appear that all lower levels of care have been fully exhausted; specifically, it would not appear that there has been attempt at a formal return to work program and/or individual counseling.

A comprehensive pain management program is an extensive program, and the fact that a recent Functional Capacity Evaluation did not appear to be a fully valid study would certainly raise concern as to the potential for deriving benefit from such an extensive program. As such, in this particular case per criteria set forth by the above-noted reference, there would appear to be a significant “negative predictor” present with regard to deriving significant benefit from such an extensive program. As such, at this time medical necessity for this specific request is not presently established per criteria set forth by the above-noted reference.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☒ **ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**